



State of Montana
DEPARTMENT OF CORRECTIONS
SERVICE PROVIDER PREA ACKNOWLEDGEMENT

I, _____ (*print name*), have received a copy of *DOC Policy 1.3.12, Staff Association and Conduct With Offenders*, and *DOC Policy 1.1.17, Prison Rape Elimination Act of 2003 (PREA)*. I have read and understand the policies' terms and directives.

Service Provider Signature

DATE

Witness Signature

DATE